

STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

DATE:

October 19, 2005

TO:

Medical Assistance Projections and Assessments Council

FROM:

Jennifer Vermeer, Assistant Medicaid Director

SUBJECT:

Follow-up information from the last meeting

At the last meeting, additional information was requested for a number of items. The requested information is summarized below:

O Status of adding case management as a covered Medicaid service under the Home and Community-Based Services Elderly Waiver.

DHS is currently working on the application to CMS to add case management as a service. CMS changed the application process and, under the new application, a great deal of documentation about our existing waiver is required. It is anticipated that the application will be complete by end of October and will be submitted to CMS.

Once it is submitted, CMS has 90 days to approve, deny, or request additional information. If they request additional information, DHS has 90 days to respond; however, we will respond as soon as possible to expedite the process. CMS, again then has 90 days to respond. The earliest it might be approved is 90 days, but it is very possible it will take longer than that.

- O The letter from the actuary regarding the capitation rates for the Iowa Plan. The letter is attached.
- o Tracking IowaCare enrollees who don't get drug coverage through IowaCare.

Broadlawns is providing drug coverage through their Community Care Program. Drugs will be covered during stays at the Mental Health Institutions because it is part of an inpatient stay. IowaCare members receiving inpatient care through the University of Iowa Hospitals and Clinics will have drugs covered during their inpatient stay and will receive a 10-day supply at discharge. Former State Papers recipients receive drug coverage through the Chronic Care Program funded by Disproportionate Share Hospitals funding.

Thus, the largest group of IowaCare members who will not have drug coverage are those outside Polk County accessing outpatient care through the University of Iowa Hospitals and Clinics. We will work with the University to see if there is a way to study the impact of not covering drugs on utilization and other cost impacts to the program and the member.

In addition, House File 841 requires the DHS to develop a pharmacy access hotline that will assist IowaCare members in identifying and applying for other prescription assistance programs, such as those offered by the drug manufacturers. This is one of the advisory groups meeting on October 26 and 27.

Coordination with safety net providers.

House File 841 creates an Indigent Care Task Force to compile information on providers of indigent care, the amount of indigent care, the cost of indigent care, and who receives care. The bill requires members of the task force to submit the specified information to the DHS to participate. DHS is creating a questionnaire to send to providers requesting the required information. Once the data is received, task force meetings will be scheduled. In addition, the advisory groups meeting October 26 and 27 include the Indigent Care Task Force.

Please contact Jennifer Vermeer at 515-725-1144 if you have any questions or would like additional information.

xc: Kevin Concannon Eugene Gessow Stacey Cyphert Mikki Stier

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August 29, 2005

Iowa Department of Human Services Bureau of Managed Care and Clinical Services Attention: Eugene Gessow 100 Army Post Road Des Moines, IA 50315

RE: SFY 2006 Iowa Plan Capitation Rate Setting

Dear Mr. Gessow:

Enclosed are the final SFY 2006 Iowa Plan range of actuarially sound capitation rates. The rate ranges are actuarially sound by rate cell, as required by CMS. The rate ranges were developed using encounter data provided by Magellan and comply with CMS requirements. Additional information on these requirements as well as actuarial soundness can be found in the report.

The range of rates have been calculated using actual SFY 2004 cost and utilization experience as stated in the encounter data provided by Magellan trended forward for changes in utilization and costs including an assumed 3% increase in payments to providers for SFY 2006 on a cost per service basis. Magellan's contract with the State includes a 13.8% allowance to Magellan to cover administration costs, profit, and risk. The contract also includes a provision that 2.5% of the capitation rate must be put into the Community Reinvestment Fund. These contract provisions were included in the rate setting process. A review of the financial status of Magellan, a common practice in Medicaid rate setting, was also completed.

In order to be consistent with CMS requirements, the actual capitation rates in each rate cell cannot be higher than the upper bound or lower than the lower bound shown in the report. If Iowa were to contract at the upper bound of the range, this would represent approximately a 0.5% aggregate rate increase from the current SFY 2005 rates, using SFY 2004 enrollment as the weights. The rates proposed below are revenue neutral. This means that, overall, these rates will not increase the aggregate per member per month payment paid to Magellan (based on the 2004 level of enrollment).

Recent Magellan Behavioral Care of Iowa's financial statements indicate that past capitation rates have exceeded payments to providers by more than the 2.5% allocated to the Community Reinvestment Fund and the 13.8% administration/profit/risk allowance. Any excess between payments made to Magellan and the costs of services plus the two contract provisions is to be put into the Community Reinvestment Fund. An audit done by outside auditors at the end of 2004 resulted in \$7.3 million being reclassified from claim reserves to the Community Reinvestment Fund. Our review of the financial statements and this reclassification reinforce the findings of our calculations. It indicates

that the capitation rates paid to Magellan could be held virtually unchanged and Magellan could pay an additional 3% to their providers.

As stated above, using encounter data in the rebasing has resulted in many of the current rate cells falling outside of the range of actuarially sound rates by rate cell. The current rate cells will need to be adjusted to bring the rate for each rate cell into the actuarially sound range for that cell. The following tables show rates that are revenue neutral with the current SFY 2005 rates on an aggregate basis (again using SFY 2004 enrollment) but within the range of actuarially sound rates shown in the report.

TABLE 1-A IOWA MEDICAID SFY 2006 IOWA PLAN CAPITATION RATE — B(3) AND STATE PLAN SERVICES COMBINED REVENUE NEUTRAL WITH SFY 2005 RATES								
CATEGORY/AGE RANGE	FEMALE	MALE						
FMAP 0 – 17	\$8.16	\$10.72						
FMAP 18 – 64	27.15	21.36						
SSI 0 – 17	27.07	46.45						
SSI 18 – 64	102.38	86.46						
Dual Eligibles 0 – 64	53.64	57.05						
Foster Care 0 – 9	32.03	57.20						
Foster Care 10 – 22	150.80	146.29						

TABLE 1-B IOWA MEDICAID SFY 2006 IOWA PLAN CAPITATION RATE - STATE PLAN SERVICES REVENUE NEUTRAL WITH SFY 2005 RATES								
CATEGORY/AGE RANGE	FEMALE	MALE						
FMAP 0 – 17	\$7.58	\$9.93						
FMAP 18 – 64	17.83	18.02						
SSI 0 – 17	26.05	43.47						
SSI 18 – 64	83.00	66.92						
Dual Eligibles 0 – 64	31.87	32.88						
Foster Care 0 – 9	29.00	50.14						
Foster Care 10 – 22	125.18	122.09						

TABLE 1:C IOWA MEDICAID SEY 2006 IOWA PLAN CAPITATION RATE — B(3) SERVICES REVENUE NEUTRAL WITH SFY 2005 RATES								
CATEGORY/AGE RANGE	FEMALE	MALE						
FMAP 0 – 17	\$0.58	\$0.79						
FMAP 18 – 64	9.32	3.34						
SSI 0 – 17	1.02	2.98						
SSI 18 – 64	19.38	19.54						
Dual Eligibles 0 – 64	21.77	24.17						
Foster Care 0 – 9	3.03	7.06						
Foster Care 10 – 22	25.62	24.20						

This letter is being provided to Iowa DHS. It is our understanding that this report will be distributed to CMS and potentially to any interested MCO. Any distribution of this report must be in its entirety.

If you have any questions, please let us know.

Sincerely,

Timothy F. Harris, FSA, MAAA Principal & Consulting Actuary

STATE OF IOWA IOWA PLAN - MH/SA CAPITATION RATES MEDICAID PROGRAM STATE FISCAL YEAR 2006

Prepared for: IOWA DEPARTMENT OF HUMAN SERVICES DIVISION OF MEDICAL SERVICES

Prepared By:

Milliman, Inc.

Timothy F. Harris, FSA, MAAA Eric A. Anderson, ASA, MAAA Bruce M. Bordeaux Carol E. Hughey, MBA

August 26, 2005

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I. INTRODUCTION

Milliman, Inc. (Milliman) was retained by the Iowa Department of Human Services (DHS) to calculate a range of actuarially sound capitation rates for the Iowa Plan for Behavioral Health (Iowa Plan) for State Fiscal Year (SFY) 2006 (July 1, 2005 – June 30, 2006). This report presents the results of the calculations and describes the rate setting methodology.

This report is being provided to the Iowa DHS. It is our understanding that this report will be distributed to the Centers for Medicare and Medicaid Services (CMS) and potentially to any interested Managed Care Organization (MCO). It should not be distributed to any other party without our prior written consent. Any distribution of this report must be in its entirety.

The values in this report were developed on behalf of the State of Iowa for use in negotiations with carrier(s) interested in participating in the Iowa Plan program and may not be appropriate for any other purpose. We do not intend to benefit, and assume no liability to, any third party who receives this report.

Milliman has relied on the following data sources as provided by Iowa DHS:

- Iowa Medicaid claims data SFY 2003 and SFY 2004
- Iowa Medicaid eligibility data SFY 2003 and SFY 2004
- Various Iowa Medicaid program documents
- PIHP financial information

The values presented are based on a series of historical data and projections. Actual results may differ from the projected values. Although the data was reviewed for reasonableness, Milliman has not audited the data. If the information provided to Milliman was inaccurate or incomplete, this report may need to be revised.

The rates in this report are estimates but not predictions. While we believe the rates to be reasonable, they may not be appropriate for any particular contractor. Before contracting with the State, the contractor should review its own experience and revenue requirements with an actuary or other professional competent in finance and modeling.

II. ACTUARIAL CERTIFICATION

In calculating the rates found in this report, we have followed generally accepted actuarial principles and practices. We believe that the capitation rates developed in this report are appropriate for the populations to be covered and the services to be furnished under the contract.

The actuary certifying these rates meets the qualification standards of the American Academy of Actuaries and follows the standards of practice established by the Actuarial Standards Board. We have relied on historical data and background information provided to us by the State, the fiscal agent and the PIHP. We have reviewed the data for reasonableness but have not audited the data. We believe, and certify, that these rates were developed using a methodology that is consistent with the regulation in 438.6 (c) and with the rate checklist released by CMS.

These rates were developed on behalf of the State of Iowa to demonstrate compliance with CMS requirements. We do not certify that these rates are appropriate for any particular MCO. The MCO is advised to conduct its own analysis of experience and revenue requirements before agreeing to contract with the State.

•

August 26, 2005

Date

III. OVERVIEW OF RATE SETTING METHODOLOGY

This section describes, in general, the methodology used to calculate the range of actuarially sound SFY 2006 Iowa Plan capitation rates. The results of the calculations are shown in Section IV. A more detailed discussion of the calculations is included in Section V.

The primary data source for SFY 2006 Iowa Plan rate setting was Iowa Plan encounter data from SFY 2003 and SFY 2004 (July 1, 2002 through June 30, 2004). The claims data includes information regarding both the utilization of healthcare services and the cost of those services.

An actuarial model was developed using the SFY 2004 utilization and cost data as the base data in the model. Total eligible months for SFY 2004 were calculated from Iowa Medicaid eligibility data and incorporated into the model to develop utilization per 1,000 eligibles statistics. The equivalent data from SFY 2003 was used to estimate the trend rate.

All utilization and average cost data were summarized into service categories by category of aid, age group, and gender.

Categories of aid included the following:

- Family Medicaid Assistance Program (FMAP) and FMAP-related
- Supplemental Security Income (SSI) and SSI-related
- Dual Eligibles under age 65
- Foster Care

To calculate the SFY 2006 rates, the baseline data was adjusted for the following:

- Claims incurred but not yet paid;
- PIHP administrative expense;
- Utilization adjustment and cost trending;
- Community reinvestment;
- · Program changes; and
- Managed care.

Consideration was given to other potential adjustments such as copayments and financial experience but these other adjustments were determined to be unnecessary.

To calculate the range of actuarially sound rates for SFY 2006, upper and lower points were determined by using varying degrees of healthcare management (DOHM) for psychiatric and substance abuse services in a Medicaid population.

DOHM is a concept used by Milliman to quantify the expected utilization and average charge of a population based on the extent to which its care is being managed. A 0% DOHM would indicate a loosely managed plan while a 100% DOHM would indicate a very well managed plan. A high DOHM would result from the efficient and effective use of multiple cost management programs (pre-admission testing, large case management, concurrent review, etc.) but would also be influenced by such factors as the geographic distribution of the population. There is much judgment involved in determining the appropriate DOHM. The

final range of actuarially sound capitation rates reflects this judgment.

The impact of varying degrees of DOHM was based on the Milliman Health Cost Guidelines (HCGs). The HCGs are a cooperative effort of all Milliman health actuaries and represent a combination of their experience, research, and judgment. They provide a flexible but consistent basis for the determination of claim costs and premium rates for a wide variety of health benefit plans. The underlying utilization and charge level assumptions can be characterized as typical of a large group of relatively benefit conscious individuals covered under a comprehensive state Medicaid medical plan. The base assumptions are typically adjusted for age, gender, area, benefit design, etc.

IV. SUMMARY OF RESULTS

The calculations used to develop the SFY 2006 capitations are summarized, in aggregate, below.

SFY 2004 claims	\$66,239,216
Adjustments (IBNR, PIHP Administration Costs, Utilization and Cost	
Trending, Community Reinvestment, Copays, Managed Care)	\$17,930,782
Total SFY 2006 capitations at SFY 2004 enrollment levels (midpt)	\$84,169,998

The following tables show the midpoints of the SFY 2006 Iowa Plan Medicaid PMPM Capitation Rate Ranges, by rate cell, for services required under the Iowa Plan contract. To allow for separate monitoring of B(3) services, capitation rates for both State Plan services and for B(3) services are included in Table 1-B and Table 1-C, respectively. B(3) costs were based on the B(3) procedure codes provided by the PIHP. The B(3) rates include costs for Assertive Community Treatment, Community Support Services, Intensive Psychiatric Rehabilitation, Substance Abuse, and Community Reinvestment Programs.

Overall, the midpoint rates shown will result in an estimated 5.3% decrease in SFY 2006 rates from SFY 2005. These rates are within the range of actuarially sound rates. Because the SFY 2005 rates were based on FFS data from SFY 1995, there are some significant differences among the various rate cells. These are shown in Appendix C.

Appendix D provides rates (State Plan, B(3), and Total) for the upper and lower bounds of the actuarially sound range of rates. The lower bound of the range was calculated using a 55% DOHM while the higher bound was calculated using a 35% DOHM. The midpoint of the rate ranges use the current level of management inherent in the encounter data, which is assumed to be 45% for the purposes of calculating the range of rates.

TABLE 1-A IOWA MEDICAID SFY 2006 IOWA PLAN CAPITATION RATE MIDPOINT								
CATEGORY/AGE RANGE	FEMALE	MALE						
FMAP 0 – 17	\$7.74	\$10.15						
FMAP 18 – 64	25.71	20.23						
SSI 0 – 17	25.64	43.99						
SSI 18 – 64	96.97	81.88						
Dual Eligibles 0 – 64	50.80	54.04						
Foster Care 0 – 9	30.34	54.18						
Foster Care 10 – 22	142.83	138.55						

TABLE 1-B IOWA MEDICAID SFY 2006 IOWA PLAN CAPITATION RATE – STATE PLAN SERVICES MIDPOINT

CATEGORY/AGE RANGE	FEMALE	MALE
FMAP 0 – 17	\$7.18	\$9.41
FMAP 18 – 64	16.88	17.07
SSI 0 – 17	24.67	41.17
SSI 18 – 64	78.61	63.38
Dual Eligibles 0 – 64	30.18	31.14
Foster Care 0 – 9	27.47	47.49
Foster Care 10 – 22	118.56	115.63

TABLE 1-C IOWA MEDICAID SFY 2006 IOWA PLAN CAPITATION RATE – B(3) SERVICES MIDPOINT

CATEGORY/AGE RANGE	FEMALE	MALE
FMAP 0 – 17	\$0.55	\$0.75
FMAP 18 – 64	8.83	3.17
SSI 0 – 17	0.97	2.82
SSI 18 – 64	18.36	18.50
Dual Eligibles 0 – 64	20.62	22.89
Foster Care 0 – 9	2.87	6.69
Foster Care 10 – 22	24.26	22.92

The following table compares the expected aggregate capitations using the current SFY 2005 rate and the assumed SFY 2006 rates at the SFY 2004 level of enrollment. The composite rates were calculated using SFY 2004 member months as weights.

AGG	TABLE 2 REGATE REST	ILTS	
	Composite PMPM Rates	SFY 2004 Member Months	Projected Expenditures
Current SFY 2005 Rates	\$29.39	3,024,434	\$88,888,115
SFY 2006 Rates (midpoint)	\$27.83	3,024,434	\$84,169,998
Increase/Decrease			-5.3%

V. DESCRIPTION OF SFY 2006 RATE CALCULATIONS

The following section describes the steps used to calculate the SFY 2006 Iowa Plan capitation rates.

1. Calculate SFY 2003 and SFY 2004 Eligible Months

For the SFY 2006 Rate Setting, eligibility data provided by Iowa DHS was used to determine the total number of months of eligibility for Medicaid recipients meeting the eligibility requirements of the Iowa Plan program. The eligibility data from DHS contained information on all Medicaid recipients for each month of SFY 2003 and SFY 2004. A Medicaid recipient was considered eligible for the Iowa Plan program by month if the recipient was an active enrollee and had a valid alternate delivery indicator. The following table shows the categories of eligibility included in the study along with the appropriate alternate delivery indicator(s).

TABLE 3 IOWA MEDICAID SFY 2006 IOWA PLAN ALTERNATE DELIVERY INDICATORS INCLUDED IN EACH RATE CELL

Category	Alternate Delivery Indicators
FMAP 0 - 17	A, C, E, G
FMAP 18 – 64	B, D, F, H
SSI 0 – 17	J, L, N, Q
SSI 18 – 64	K, M, P, R
DUAL ELIGIBLES 0 – 64	S, T
FOSTER CARE 0 – 9	W
FOSTER CARE 10 – 22	V*, X

^{*} The age group for code V is 0-22; however, the only individual with this code was in the 10-22 category.

Iowa Plan also restricts eligibility to individuals <u>not</u> in the following categories:

- A person who is eligible for Medicaid as a result of spending down excess income (medically needy with a cash spend-down).
- A person living in the Woodward State Hospital-School or the Glenwood State Hospital-School.
- Those whose Medicaid benefit package is limited such as Qualified Medicare Beneficiaries (QMB), Presumptive Eligibles, illegal aliens and others not entitled to the full range of mental health and substance abuse treatment.
- Persons age 65 and older.

Based on discussions with the State and the PIHP, the use of Table 3 above to determine eligibility is presumed to exclude these individuals.

Once calculated, eligible months were summarized by category of aid, age group, and gender. Appendix A summarizes the eligibles by rate cell groupings.

2. SFY 2003 and SFY 2004 Claims

Iowa Plan encounter data excluding denied claims was provided by the PIHP for claims paid through June 2005. Claims for services included in the Iowa Plan program were extracted from this encounter data using the following criteria:

- a. Claims with beginning date of service between (and including) July 1, 2002 and June 30, 2004.
- b. Claims without a Community Reinvestment code (the cost for Community Reinvestment is included as a flat 2.5% of the final capitation rate).
- c. Claims where the claimant was determined to be eligible after cross-referencing with the eligibility file.
- d. Claims for diagnosis codes 290.00 309.99 and 311.00 through 314.99.
- e. The following codes had additional age restrictions:
 - PMIC T2048: 17 and under
 - Assertive Community Treatment H0040: Over 18
 - Community Support Services H0037: Over 18
 - Intensive Psychiatric Rehab H2017: Over 18
 - School Based Specialist H0036: 17 and Under
 - Targeted Case Management T2022: Over 18
 - Drop-in Center/Clubhouse H2031: Over 18
 - Co-occurring Disorder T2023: Over 18
 - CAFAS functioning scale H0002: 17 and Under
 - PASARR T2011: Over 18
- f. The Iowa Plan encounter data fell into the service categories shown in Table 4 below. Claims with blank service categories were not removed because both the State and the PIHP are confident that the charge data is accurate and complete. Similarly, claims with procedure codes outside of the range of specified codes (most of these were blank) were also not removed. Prescription drugs, RTS, ARO, and PMIC MH are considered wraparounds and are paid on a FFS basis.

TABLE 4 IOWA PLAN APPROVED SERVICES							
23 Hour Observation Level III.1 – Halfway House – SA							
ACT/PACT	Level III.5/III.3 – Primary Extended - SA						
Clozapine Labs	Level III.7 – Med Monitored Res SA						
Community Support Services	Level IV – Inpatient – SA						
Day Treatment	Mobile Crisis						
Emergency Transportation	Non-Emergency Transportation						
Home Based Care	Outpatient						
Home Psych Nursing	Partial Hospitalization						
Inpatient – MH	PMIC						
Intensive Outpatient	Residential						
Intensive Psych Rehab	Respite						
Level I – Outpatient – SA	Subacute						
Level II – Intensive Outpatient - SA	Targeted Case Management						

The split between B(3) and non-B(3) services was determined using a list of B(3) procedure codes provided by the State.

3. Develop Cost Model

An actuarial cost model is a tool that allows historical utilization and reimbursement to be interpreted on a per member basis for specific service categories. The development of the cost model used for the Iowa Plan rate calculation is described in this section.

Service Categories

The service categories found in the encounter data were used as the major categories into which the encounter data was grouped.

Eligible Months

Eligible months represent the total number of months of exposure of the population during the time period. Each beneficiary contributes one member month for each full month of eligibility in the program. Eligible months are calculated for each category of aid, age group, and gender. The tabulated eligible months are shown in Appendix A.

Utilization Rates per 1,000

Utilization rates per 1,000 represent the annual (or annualized) number of encounters per 1,000 eligible (exposed) members. The definition of utilization varies by general service category definition.

The calculation of utilization rates per 1,000 is based on the following formula that is used for all service categories:

Claim Counts x 12 x 1,000
Member Months

Utilization Rates per 1,000 =

Net Reimbursed Charges

Net reimbursed charges were based on the "AmtPd" field of the encounter data.

The total reimbursed amount is net of TPL payments. The TPL payments will be collected by the PIHPs. There are no recipient copayments.

Per Member Per Month

PMPM

The per member per month (PMPM) value is calculated using the following formula:

Annual Utilization per 1,000 x Average NET Reimb. Charges 12 x 1,000

Base year utilization rates, charge data and PMPMs are shown in Appendix B.

Rating Categories

The encounter data and eligibility were categorized into rating categories based on the age group, gender and category of aid. These rate cell divisions were created to group individuals with similar expected cost and utilization characteristics together. Because there is a single PIHP contractor, rates for different regions within the state were not created.

The following age/category of aid groups were used for male and female eligibles:

- FMAP 0 through 17 years
- FMAP 18 through 64 years
- SSI 0 through 17 years
- SSI 18 through 64 years
- Dual Eligibles 0 through 64 years
- Foster Care 0 through 9 years
- Foster Care 10 through 22 years

Appendix A contains a summary of the baseline data (SFY 2004) used in the cost model.

4. Calculate SFY 2006 Capitation Rate

To calculate the capitation rate, the following adjustments were made to the base claims data. All of the adjustments made to the SFY 2004 data are summarized in Appendix C.

a) Population Biased Selection

Due to the large number of rate cells, differences in the age and gender mix of the population are taken into account in the enrollment process. Enrollment is mandatory for those eligibility categories identified. No additional adjustment is needed.

b) Dual Eligibles

Dual eligibles less than 65 years of age are included in the managed care plan. A separate rate for this population has been calculated.

c) Spenddown

Medically Needy individuals with spenddown are not eligible for the managed care program. Therefore, these claims and the associated eligibles have been excluded from the data. No further adjustment is necessary.

d) Benefit Differences

Earlier this year, the State added Physician Assistants as a provider type. Physician assistants are used when there is an access problem for psychiatrists and the physician assistant must be under the supervision of the psychiatrist. Because there are only a few physician assistants on the panel at the PIHP, the State and the PIHP agreed that no adjustment to the capitation rate was necessary.

e) Administrative Cost Allowance

The PIHP contract includes a 13.8% of premium administrative cost allowance. The adjustment factor applied to claims of 116.01% (shown in Appendix C) is calculated as 1/(1-0.138).

f) Special Populations

No adjustment is made as the population has not significantly changed since the base year. The large number of rate cells mitigates the effect of utilization differences within the population.

g) Eligibility Adjustments

It is our understanding that the eligibility data provided to us already reflects all retrospective eligibility as well as any other adjustments necessary for the member months to parallel the appropriate time period.

h) DSH/GME/IME

Medical education payments and disproportionate share hospital payments have been excluded from the encounter data.

i) Third Party Liability

Because the cost field in the encounter data is net of TPL, no adjustment is necessary. The PIHP is responsible for collecting the TPL payments. The PIHP requires an Explanation of Benefits prior to payment. Should the PIHP receive a TPL payment after their payment, the data is readjusted to reflect the PIHP's cost.

j) Copayments, Coinsurance and Deductibles

The managed care program does not have any cost-sharing so none would be included in the encounter data. No adjustment is made.

k) FQHC and RHC Reimbursement

This is not applicable. No adjustment is necessary.

1) Utilization Adjustment and Cost Trending/Inflation

Trend adjustments were made to the base data to account for changes in price and utilization patterns including intensity, mix of service and technology. Trend adjustments for adjusting the base data from SFY 2004 to SFY 2006 were made based on experience, historical and projected trends as calculated by Milliman's internal data sources, and information provided by the State.

Linear regression on the monthly encounter data for SFY 2003 and 2004 was performed to determine the historical annual utilization trend rates of 1.8%. Only State Plan services were used in this calculation. The trend rate for B(3) services was held to the same rate as for State Plan services because the calculated rate would have been higher. Based on information provided by the State, an additional 3% was added to the trend factor to account for legislated price increases between SFY 2005 and SFY 2006. There were no legislated price increases between SFY 2004 and SFY 2005.

The resulting trends used in the actuarial model are shown in Appendix C.

m) Post-Eligibility Treatment of Income

This does not affect Iowa's managed care program. No adjustment has been made.

n) Claims Completion Factor

Completion factors were derived from a claim triangulation matrix (run-off method) developed for claims incurred prior to the end of SFY 2004 and paid after June 2005. Estimated amounts unpaid as of the final date contained on the claims tape were calculated from the claim triangulation matrix. Due to the long run-out period, the

adjustment to complete the SFY 2004 experience for incurred but not reported claims was very small.

o) Other Adjustments

i) Payments and recoupments outside the MMIS system

There have not been any significant payments or recoupments made outside the MMIS system. Therefore, no adjustment has been made.

ii) Certified match

This does not affect Iowa's managed care program. No adjustment has been made.

iii) Pharmacy rebates

Pharmaceutical drugs are not included in the managed care plan. Therefore, no adjustment has been made.

iv) Investment income

No adjustment is made.

v) Managed care adjustment

This adjustment was made to the base year data to reflect the effect of healthcare management. The managed care adjustments are based on information in the Guidelines.

We have set the range of actuarially sound capitation rates using three sets of managed care adjustments. The rates at the lower end of the range assume a higher DOHM (55%). The rates at the higher end of the range assume a lower DOHM (35%). The midpoint of the rate range uses the current level of management inherent in the encounter data, which we assume to be 45%.

vi) Financial experience adjustment

Medicaid revenues and expenses as stated in the year-end 2003 and 2002 financial statements for the Iowa Medicaid PIHP were reviewed. The Medicaid business appears to be moderately profitable. No adjustment is necessary.

vii) PCCM case-management fee deduction

Since there is no PCCM program, no adjustment is necessary.

p) Reinsurance

The PIHP is an LSO in the state of Iowa. The LSO status is monitored and reviewed by the Iowa Department of Commerce, Division of Insurance. Iowa Administrative Rules require LSOs to maintain an insolvency plan. According to the plan, the LSO must maintain significant positive equity. The solvency requirements are included in the PIHP contract with the State.

q) Community Reinvestment

An adjustment was made to account for community reinvestment services. These services are considered B(3) services and include such things as training, outreach, start-up grants, etc. After removing community reinvestment claims from the encounter data, an adjustment was made in Appendix C to allow for a contribution to the Community Reinvestment Fund of 2.5% of the final capitation rate.

r) Smoothing

The SFY 2004 encounter data was reviewed to determine if any large claims by a single individual were distorting the experience. No unexpectedly large claims were found.

Appendix A SFY 2004 Historical Experience – Aggregate Data

Appendix A - Historicol Experience - Total Amount Pald

SFY 2004 Experience Non-Community Reinvestment Claims only

B3/Other Category F M F M F M F M F M F M F M F M F M F			Dua	3l T	FMAP		Foster Care					1	SSI T			r	·		
Second Company F	İ		Ages DO		Ages 0			3 - 64	Ages 0			1 - 22		Anes 00			8 - 64		Grand Tot
13 Part Cheworden 1	B3/Other	Service Category		M		М	F	M	F	. м	F	M	NA	F	М	F			
ALTOPACT	D2	22 Mary Observation			0	0		9	0	o o	_	D	0		0		Đ	550	550
Chargete Libra Char	ال			752 008	0	'n		, i	0	3			Ü		9		100 040	4 242 772	0
Community Support Services (\$52,900 742,400 0 110 54,200 18,700 0 0 0 0 0 0 0 0 0				0	ŏ	ŏ		ől	ő	ň	•	N N	o o		u n	233,774	485,842	1,919,756	1,919,758
Part		Community Support Services	852,989	742,440	O-	110	54,290	10,470	ō	50	110	1,320	ő		ő	715 634	340.980	2 727 394	2 727 394
Provide Series 18,112 10,427 225 445 3,222 1,925 0 0 10 150 576 78 12,828 5,000 97,189 97,189 1,928 1,92				0	0	0	Ð	0	0	0	0		ō	ō	ā		0		70
Henor Payth Naning 157340 14721 720 1,000 7787 1,702 0 0 0 155 2,005 0 0 0 4,04 131,702 89,207 229,418 20,501 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				0		0		0	O.	a		0	0		a		0	0	ا م
Image	ļ								0	0			0						57,158
Interside Disposition						1,203			u	ul ul		2,305	0		4,064				
Interies Physic Rehals					ő	ő		0	0	ä	_	ង្គ	u G		Ü		1,141		
Everl - Deptical - Start 15.640 13.655 0 0 0 5.546 75 0 0 0 0 0 0 0 0 0		Intensive Paych Rehab	464,528	447,014	0	o	17,751	7,790	ā	ă	3.000	11.000	ŏ	, -	o o		903 908		
Level H. F. Check-shee Duly Partier L-S 200 1435 1,007 1,776 1,776 1,007 1,176 1,007 1,176 1,007					0	0			0	اه		D	ā	Ō	110				
Lovel III. Sulfall. 3.— Primary Extended - SA						1,785			Q	0		0	0		0	Ö			14,381
Level IV.7-Meet Mentiment Residential - SA 2,332 2,143 0 0 0 0 0 0 0 0 0	1					010			0	0			0		0				
Level IV - Important - SA										0,240		74,302	U		21,640				
Models Crisis Models Grisis Models				2,100	Ö	200		3,502	n	ă		ď	Ü		,		12,286		
Nan-Emergency Transportation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1	Mobile Crisis	4,823	1,950	2,050	3,225		1,425	Ö	ŏ		725	٥		1,175		4.750		
Purisal Hospitalizarbine Philic Phili				0			•	· O	D		0	0	ū	0	D		0	0,5,5	
PAIC	1			121,800	•	6,012		2,965	0	375		1,225	D		2,100	B4,004	47,567	401,350	401,350
Residencial 1 0 0 19,880 35,441 4,977 0 17,000 22,286 190,640 22,552 0 0 4,960 17,445 150,000 10,00 0 0 0 0 0 0 0 0 0 0 0 0 0 0				밁		위		01	D	0		0	ō		0		D	0	, o
Respite 1			"	ä		35 441		45	17 030	-			0		17.45		0		
Siblearing Signature (1968) (1			ì	öl		0,747,		0		22,500		230,350	0		17,443		กกล	543,744	543,744
Tenefact Cress Measurement					53,010	44,500	24,728	7,830	20,640	86,255	335,306	285,422	o o		35.048		60.304	1.008.324	1.008.324
Non-BB 23 Hour Observation								ō		0		. 0			0		0		
Non-Hai 23 Hour Observation 250 0 12.287 7,007 20,042 7,199 288 1,140 3,088 3,509 0 3,248 2,037 17,183 19,401 15,150 15,15		Total B3											D						
ACTIPACT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Ron-B3	23 Hour Observation		31,035									Đ						
Clazapine Lab's	11.2.1			ol				7,155		1,140		806,6	0		2,037		18,401	B3,120	93,120
Day Treatment				o	0	0		ō	ō	õ	ő	ŏ	ō		ő	_	0	0	
Emergency Transportation 2,987 1,704 9,552 14,269 37,667 9,516 1,632 10,838 10,94 24,421 0 599 10,171 59,675 35,499 232,737 Home Psych Nursing 111,803 88,339 189 830 8,715 1,856 110 0 0 0 0 0 25 25 25 25 707 702 702 100 1 1,005 10 1,005					-			a		0		0	0	q	a	178	226	2,805	2,805
Home Based Care 171 330 101 0 25 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0													O						
Herme Psych Nursing 111,003 69,839 120 8.0 6,971 1,650 110 0 88 2,50 0 238 2,941 108,545 4,1991 376,501 199,1001-1MH 107,128 60,855 803,7154 1,356,882 628,151 148,260 362,362 1,029,598 955,318 0 244,409 692,695 3,945,034 2,221,714 132,720,001 13270,001 11,001 1						14,289		9,516		10,883		24,421	o						
Inpatient MH						830		1 650		'n		2 500	U						
Intensive Duplatient										362,362			0						
Intensive Psych Rehab	1				138,610								ā						
Level II - Intensivo Out Pratient - SA 51,224 45,579 55,109 155,593 020,711 171,078 0 415 39,401 80,051 0 790 10,070 85,717 81,701 1,405,590 1,405,090 1,405	1				-	0	-	0	•	D			a		0		314	2,007	2,097
Level III.5- Halfway House - SA													ā						
Level III.5. 1.251 22,837 10,946 25,246 7,800 454 815 81,151 105,886 0 0 389 0,599 3,742 247,957	1			92,478		Lec,oci n		171,078	_			98,951	0		18,079	85,717	81,761		
Level III.7- Mod Monilored Residentilal - SA 0 0 0 3,413 2,570 1,001 2,020 0 0 0 0 1,220 0 0 0 0 1,220 0 0 0 0 4,410 5,058 20,101 20,101 Lovel IV. Inpution - SA 500 0 10,560 10,397 140,620 97,674 0 0 0 3,678 7,886 0 0 0 1,680 83,545 107,214 502,55 502,55 12,00 3,000 9,875 7,425 0 1,450 7,975 23,058 16,975 139,984 Non-Emergoncy Transportation 116 138 336 437 558 180 0 0 148 19 0 22 178 472 924 3,537 0,450 0 0 0 1,680 83,545 107,214 513,988 Non-Emergoncy Transportation 110,762 1,484 3478,247 2,839,894 3,899,500 2,999,992 510,874 336,887 470,281 92,028 1,027,832 2,851 40,893 473,990 0 25,036 119,313 165,567 35,221 1,117,817 PMIC 9 0 0 52,839 97,484 940 0 0 0 847,469 972,904 0 25,036 119,313 165,567 35,221 1,117,817 PMIC 9 0 0 52,839 97,484 940 0 0 0 847,469 972,904 0 0 25,036 119,313 165,567 35,221 1,117,817 PMIC 9 0 0 6,225 3,041 0 0 0 2,555 2,901 28,884 48,400 0 1 33 4,043 200 1,875,532 1,172,5	1		_	1,251		10,946		7,600		٠,	•	105.686	n		380	0 6 500	3.742		
Level IV- Inpedient - SA 550 0 10,569 10,197 148,020 97,074 0 0 3,678 7,896 0 0 1,680 83,545 107,214 540,255 540,255 10,000 1,680 10,197 11,100 11	1	Level III.7 - Med Manilared Residential - SA	O	ò	3,413	2,570	6,601	2,020		0			ő	_	0				
Non-Emergency Transportation 116 138 330 437 558 180 0 0 148 10 0 22 176 472 924 3,537 3,537 Outpoilent 545,843 478,207 2,639,894 3,990,500 2,639,992 510,674 336,087 470,201 920,028 1,027,802 0 357,733 858,184 3,065,006 1,327,204 19,320,204 1	1			0									0			B3,545	167,214	540,253	540,253
Outpellent 545,843 478,287 2,839,864 3,890,500 2,990,992 510,874 338,087 470,281 920,028 1,027,892 0 357,733 858,184 3,065,068 1,327,294 19,328,284 19,328,284 Partial Hospitalization 10,762 1,464 214,857 289,309 106,857 12,414 23,328 22,881 46,693 47,309 0 25,036 119,313 165,567 35,221 1,117,817 1,117,817 PMIC 0 0 0 6,225 3,041 0 0 0 0 847,468 972,904 0 0 0 24,323 20 1,000,200 1,1000									1,200	3,000		7,425	G						
Parlial Hospitalization 10,762 1,485 214,857 288,308 100,857 12,414 23,328 22,861 40,693 47,308 0 25,036 119,313 165,557 35,221 1,117,817 PMIC: 0 0 0 52,839 72,484 940 0 0 0 847,469 972,904 0 0 24,232 1,664 0 1,972,532 1,172,512 Residential 0 0 0 6,225 3,044 0 0 0 0 2,505 2,901 28,884 48,490 0 0 133 4,043 280 1,787 88,277 Respite 8,060 3,675 0 0 0 8,57 50,29 21,051 28,884 84,900 0 133 4,043 280 1,787 50,29 21,051 28,884 84,980 0 1 3,357 5,029 21,051 28,884 84,980 0 1 3,357 5,029 21,051 28,884 84,980 0 1 3,357 5,029 21,051 28,884 84,980 0 1 3,357 5,029 21,051 28,884 84,984 84,0									736.087	470 204		1 027 802	0						
PMIC 0 0 52,839 72,484 940 0 0 0 847,469 972,904 0 0 24232 1,664 0 1,072,532 1,072,532 Residently 0 0 0 6,225 3,041 0 0 0 2,503 2,901 28,864 48,490 0 133 4,043 200 1,787 89,270 89,270 Respile 0 0,080 3,675 0 0 0 85 0 0 0 0 85 0 0 0 0 3,357 5,029 21,051 Subscute 2,190 1,386 00,302 122,801 76,827 9,874 81,261 223,265 198,847 0 8,833 51,930 230,022 133,621 1,258,403		Partial Hospitalization											n						
Residential 0 0 6,225 3,041 0 0 0 2,505 2,901 28,684 48,490 0 133 4,043 280 1,767 89,270 85,270 Respite 0,080 3,675 0 0 0 0 0 0 0 0 0 0 0 3,357 5,029 21,051 21,051 Subscrite 2,180 1,386 80,362 122,801 76,827 55,254 9,874 81,281 223,265 199,847 0 8,833 51,933 230,022 133,621 1,259,6403 12,586,403			0	O	52,839			0					۵				Ju,ze i		
Resplie 0,080 3,675 0 0 0 85 0 0 0 0 825 0 0 0 0 3,357 5,029 21,051 21,051 5,052 10,05			_	0		3,041		0		2,901		48,490	0	133			1,787		
Tameled Case Management 2,313,919 2,525,297 0 0 100,385 40,577 0 0 0 123,92 10,401 0 0 0 1,747,227 1,292,200 1,295,403 1,295,4						0		0		0	_		0		0				21,051
Total Non-B3 3,417,041 3,409,708 4,755,390 8,359,484 8,455,827 1,809,101 541,856 1,031,701 3,427,105 3,809,215 0 883,123 1,953,809 9,824,043 5,474,108 52,834,384 52,834,384 83 and Non-B3 Combined 5,007,644 5,708,397 4,993,018 8,882,399 9,585,468 2,195,203 583,336 1,147,071 4,025,186 4,440,861 0 895,285 2,035,616 11,574,758 8,895,480 60,239,218 68,239,218						122,601				61,261			0		51,930				
B3 and Non-B3 Combined 5,007,844 5,788,397 4,993,018 8,882,399 9,585,468 2,195,203 583,338 1,147,671 4,025,186 4,440,061 0 885,285 2,035,616 11,574,756 6,895,480 66,239,218 66,239,218						6,350.464				1.031 791			- O		1 953 000				
	B3 and No																		
Member Months 140,278 135,667 820,497 836,354 473,789 137,674 24,435 26,921 35,617 40,808 0 34,403 58,806 151,700 107,024 3,024,434		62 L M 2															.,, /60		
		INCALDEL MOURS	140,279	135,667	820,497	838,354	473,789	137,874	24,435	26,921	35,817	40,808	0	34,483	58,806	151,700	107,024	3,024,434	

Appendix A - Historical Experience - Claim Counts

SFY 2004 Experience Non-Community Reinvestment Claims only

		Duni			FMA				Foster (SSI]		
D71011	San tan Salanani	Ages 00 F	- 64 M	Ages DD - F	17 M	Ages 18 -	- 64 M	Ages 00 -	- D9 M	Anes 10 -	- 22 M	NA I	Ages 00 -	- 17 M	Ages 18 -	- 64 M		Grand Tot
B3/Other	Service Category	<u>F</u>	M n		mn		M D		M O	<u> </u>	M D	NA O	<u> </u>	м 0	10	M O	Grand Total	Excl NA 11
B3	23 Hour Observation	ö	ă	Ö	o	ō	ä	Ď	č	ŏ	ŏ	ŏ	ŭ	ő	.0	a	Ö	'il
I	ACT/PACT	391	705	0	0	12	a	D	o	Đ	o	0	O	0	242	457	1,807	1,807
	Clozapine Labs	0	0	O	0	0	미	0	o	0	0	0	O O	0	0	D	ם	D
	Community Support Services	6,590	5,899	0	1	400	154	0	1	1	12	0	O	0	5,483	2,058	21,199	21,199
	Day Treatment	0	0	0	0	0	al	0	의	0	1	0	0	0	a	0	1	1
	Emergency Transportation Home Based Care	0 355	243		U	35	17	Ü	9	0	9	0	0	0	380 0	174	1 770	. B
	Home Psych Nursing	2,747	2,608	20	22	134	30	u n	, i	1	43	0		72	2,302	1,166	1,220 0,147	1,220 9,147
	Inostient - MH	2,177	2,000	n n	0	1	2	ñ	ő	ñ	76	o	ó	6	2,302 7	1,100	17	17
	Intensive Outpatient	ō	ő	ō	ŏ	Ď	ā	ō	ō	Ď	o	ō	ō	ő	ż	ō	2	2
	Intensive Psych Rehab	5,072	5,378	0	0	212	102	D	a	41	143	Ð	0	0	4,245	2,525	17,718	17,718
	Level I - Outpollent - SA	34	30	a	0	18	1	0	0	0	0	0	D	1	21	29	134	134
	Level II - Intensive Out Patient - SA	. 1	2	2	1	В	2	0	Đ	0	0	0	Đ	0	O	1	17	17
	Level III.1 - Hollway House - SA	. 62	103		0	2,502	94	0	D	. 0	_2	0	0	0	208	130	3,120	3,120
1	Level III.5/III.3 - Primary Extended - SA Level III.7 - Med Monitored Residential - SA	75 8	128	102	190	1,658 38	238	1	3	44	80	Ü	9	12	281 27	204 47	2,000 137	2,998 137
i	Level IV - Inpallent - SA		<u></u>	n n	6	- 30 1		0	n n	n	崩	u u	, ,	Š	2(4/	lat	13/
	Mobile Crisis	59	25	28	32	42	13	n	ň	11	7	5	, ž	12	77	48	350	356
	Non-Emergency Transportation	0	0	ō	0	Ö	ō	Ō	ō	Ö	ó	Ö	ó	ō	Ö	a	0	اه
	Outpalient	3,022	3,522	49	137	113	31	0	12	21	38	0	9	45	1,914	778	9,692	9,692
	Partial Hospitalization	0	0	o	0	0	0	0	0	0	0	0	ū	o	0	C	0	a
	PMIC	0	0	1	0	0	1	0	0	3	1	0	0	D	5	0	\$1	11
	Residential	0	0	13	17	6	2	G	18	102	148	0	2	8	1	9	330	330
	Respile Subacule	0	9	u 25	26	16	일	0	0 22	0 130	129	0	D	12	0	0	0	0
	Targeted Case Management	ا ا	,	23 D	40	10	3		22	130	129	0	l 4	12	32	25	433	433 8
	Total B3	18,420	18.657	245	433	5,198	699	12	54	388	588	n n	19	185	15.241	8,260	68,357	68,357
		1,497	1,252	3,440	4,921	5,777	1,313	234	276	624	610	Ö	326	935	3,159	1,680	20,052	28,052
Non-B3	23 Hour Observation	1	. 0	28	23	75	20	1	2	14	11	0	11	В	63	60	323	323
	ACTIPACT	0	0	0	0	0	0	a	D]	0	0	0	0	Đ	Ω	0	0	a
	Clozapine Labs	0	0	0	미	0	0	g n	D	0	0	0	D	O O	0	0	0	0
	Community Support Services Day Treatment	5 540	223	171	477	2 95	57	u	0 38	0 39	134	U	0 62	412	1 485	155	20 2,889	20 2,889
	Emergency Transportation	540	223	14	23	54	14	1	13	31	40	n	1	15	88	60	372	372
	Home Based Care	5	6	2	اه	1	Ö	ŭ	la'	'n	ח	n	i	1	1	1	17	17
	Home Psych Nursing	1,021	1,697	8	14	121	28	2	О	1	44	D	4	40	1,840	729	8,458	6,456
	Inpatient - MH	189	249	3,038	3,131	4,852	2,092	376	850	2,552	2,406	0	625	1,656	10,088	6,346	38,250	38,250
1	Intensive Outpatient	116	24	738	1,049	267	45	18	106	135	200	0	88	331	470	162	3,725	3,725
	Intensive Psych Rehab	9 1.735	2.750	0	0	0	7,44	0	0	7	2	0	0		10	4	33	33
	Level I - Outpatient - SA Level II - Intensive Out Patient - SA	1,735	2,758 199	3,072 315	4,547 494	21,021 2,183	B,111 B4B	11	2	1,984 138	3,732 172	0	11B 2	245 50	2,755 406	3,254 369	51,345 5,290	51,345 5,290
	Level III.1 - Halfway House - SA	132	n	212	***	2,103	540	0	ń	130	1/2	n n	l 5	0	400	208	2,280	2,290
	Level III.5/III.3 - Primary Extended - SA	4	5	16	14	45	14	i	2	38	41	Ď	Ĭ	3	13	12	208	208
	Level III.7 - Med Monitored Residential - SA	0	o	7	3	16	4	à	0	0	2	Ō	ō	D	7	14	53	53
	Level IV - Inpatient - SA	7	0	51	38	439	222	0	0	15	12	0	0	12	24B	379	1,423	1,423
	Mobile Crisis	81	76	87	104	103	44	8	20	70	52	D	13	59	183	139	1,039	1,039
	Non-Emergency Transportation	5	- 6	17	10	18	10	0	0		1	D	1	7	20	14	122	122
	Outpatient Parlial Hospitalization	11,414	10,780	55,742	77,546 503	50,192	9,430 48	5,820	9,537	19,148	21,016	0	7,471	18,234	58,626	28,859	383,625	383,625
	Panial Hospitalization	42 0	2	449 18	35	375 6	48	40	41 n	73 399	80 544	U	70 n	254	613	94	2,752 1,018	2,752 1,015
	Residential	l ö	'n	15	18	0	'n		12	399 109	137	U	2	n	9	14	1,016 329	329
	Respite	35	18		n.	1	ol	ū	0	0	137	n	ĺ	n n	9	20	325 B4	84
	Subacute	2	2	70	87	78	45	8	31	181	183	Ď	l ä	44	180	102	989	999
	Targeted Cose Management	10,359	11,242	0	a	462	175		0	56	47	Ď	õ	0	7.634	4,975	34,850	34,950
	Tatal Non-B3	28,105	28,562	67,296	93,104	85,962	20,524	7,528	10,932	25,621	30,292	0	8.800	22,333	86,871	45,444	561,374	561,374
B3 and No	n-B3 Combined	48,525	47,219	67,541	93,537	91,160	21,223	7,540	10,988	25,987	30,680	0	0,819	22,498	102,112	53,704	629,731	629,731
	Member Months	140,270	135,867	820,497	835,354	473,789	137.874	24,435	26,921	35,817	40,808	0	34,483	58,808	151,700	107,024	3,024,434	ı
	Percuncu manera	1 140,210	100,007	U2V,481	440,404	913,100	131,0741	24,433	ZU, 11	30 _j u j 7	40,008	U.	34,403	อนเองป	191,100	101,024)	3,024,434	l

Iowa Plan – Medicaid MH/SA Capitation Rate Setting
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State Fiscal Year 2006

<u>Appendix B</u> <u>SFY 2004 Historical Experience – Cost Model</u>

Appendix B - Historical Experience - Utilization per 1,000

SFY 2004 Experience Non-Community Reinvestment Claims only

		Dual			FMA				Foster					S				
		Ages 00 -		Ages 00 -		Ages 18		Ages 00		Ages 10			Ages 00 -		Ages 18			Grand T
3/Other	Service Category	F	М		M	F	М	F	М	F	M	NA	F	M	F	М	Grand Total	Exc! N
_		0	0	0	미	0	0	0	미	D	0	0	O	0	1	0	0	1
3	23 Hour Observation	0	0	D.	D	D	0	۵	미	0	0	이	0	0	C)	0	O	1
	ACT/PACT	33	62	D	0	0	0	0	0	a	0	이	٥	0	19	51	7	l
	Clozapine Labs	0	D	0	0	0	0	0	이	Q	0	O	a	0	D D	0	0	1
	Community Support Services	584	522	0	0	10	13	0	이	0	4	0	Ø	0	434	298	· 84	1
	Day Treatment	0	0	Ð	0	0	0	0	미	0	0	a	0	a	Q	0	0	1
	Emergency Transportation	0	0]	O	0	0	Ð	0	0	۵	0	0	0	0	0	D	0	1
	Home Based Care	30	21	0	0	1	- 1	0	0	0	1	a	0	0	30	20	5	
	Home Psych Nursing	235	231	O	0	3	3	0	ol	1	12	اه	۵	15	182	131	36	l
	Inpatient - MH	l o	ol	Ð	0	O	a	a	n l	Ď	n	n	ā	Ö	1	0	0	1
	Intensive Outpatient	0	ō	ñ	ō	ō	ā	ñ	n	D.	āl	n	ñ	ñ	ó	ň	0	
	Inlensive Psych Rehab	434	478	ŏ	ő	š	ä	ñ	اة	14	42	0	ñ	ő	336	283	70	1
	Level I - Outpatient - SA	3	710	ñ	ő	ű	ñ	n	5	ß	75	0	o O	0		203	70	1
	Level II - Intensive Out Patient - SA	1 6	3	v	ă	0	9	n	i i	B	2	9	_	Ü	2	3	1	i i
	Level III.1 - Halfway House - SA	5		Ü	n	63		n n	n n		9	o o	0	U	0	.ul	0	
	Level III.5/III.3 - Primary Extended - SA	1 8	."	ų ,	~ [-		3	.11	U	- u	0	16	16	12	
		"	11	1	3	42	21	0	11	15	18	미	0	2	22	23	12	[
	Level III.7 - Med Monitored Residential - SA	1 1	21	ų.	0	1	31	0	D D	ū	ol.	0	0	0	2	5	1	[
	Level IV - Inpatient - SA	0	ol.	ū	0	0	o	0	0	0	이	0	D	0	a	0	0	l
	Mobile Crisis	5	2	O	O	1	1	0	O.	4	2	미	1	2	6	5	1	I
	Non-Emergency Transportation	0	0	0	0	0	0	D	O.	O	0	0	0	0	a	0	0	1
	Oulpatient	259	312	1	2	3	3	O	5	7	11	0	3	8	151	67	38	l
	Partial Hospitalization	0	0	O	0	0	미	0	O.	0	0	0	0	0	0	0	0	
	PMIC	0	0	O	0	0	0	0	O.	1	o)	ol	a	0	0	0	0	1
	Residential	0	0	O	0	a	o	3	7	34	44	lo	1	2	0	- 1	1	
	Respite	0	Ð	0	٥	0	ol	0	ol	0	al	la	D	Ö	0	ò	n	
	Subacute	1 0	o	0	ol	0	ol	2	10	44	38	ام	1	2	ä	3	2	
	Tameted Case Management	l o	ol	0	o	0	ol	Ö	اه	'n	n l	اة	Ď	- n	ā	ñ	ñ	
	Tolal B3	1,578	1,650	4	6	132	61	В	24	123	173	0	7	34	1,205	928	271	
		128	111	50	71	146	114	115	123	209	182	0	114	191	250	188	103	
on-B3	23 Hour Observation	l '-o	' al	n	Ö	2		0	17.1	5	3	ő		2	5	7	103	
	ACT/PACT	l ŏ	ñ	'n	ŏ	ō	ก	ŏ	اه	ă	ăl	ď	Ď	ñ	Ö	'n	'n	l
	Clozapine Labs	l ,	ă	ñ	ŏ	ñ	, i	o	ől	ū	21	ď	0	ñ	0	0	U	
	Community Support Services	l ,	្ប	0	ŏ	n	ši.	0	ä	n	y	6		•		Ü	Ü	
	Day Treatment		ادٰہ	u		Ü	Ľ.	-			- "	미	0	D	0	U	0	
		46	20	3	7	2		0	17	13	39	9	29	84	37	17	11	
	Emergency Transportation	1	인	U	0	1	11	1	6	10	14	미	D	3	7	7	1	
	Home Based Care	0		ū	0	0	0]	0	c	0	0	0	D	D.	0	0	0	
	Home Psych Nursing	164	150	0	0	3	2	1	미	0	13	0	1	10	146	82	26	
	Inpatient - MH	16	22	44	45	118	182	185	378	855	708	0	218	338	798	712	152	
	Intensive Outpallent	10	2	11	15	7	4	9	47	45	59	0	23	68	37	18	15	
	Intensive Psych Rehab	1	0	D	0	0	0	0	0	2	1	O	Ð	0	1	0	0	
	Level I - Outpatient - SA	148	244	45	65	532	532	5	1	685	1,097	0	41	50	216	385	204	
	Level II - Intensive Out Patient - SA	11	18	5	7	55	74	0	1	46	51	ol	1	10	32	41	21	
	Level III.1 - Halfway House - SA	0	0	D	0	0	o	0	al	0	ol	0	0	0	Ö	ام	n	
	Level III.5/III.3 - Primary Extended - SA	l o	ol	D	o l	1	1	a	- 1	13	12	n	ō	1	1	1		
	Level III.7 - Med Monitored Residential - SA	i a	Ö	D	o	Ò	ol	ā	اهٔ	Ö	1	ñ	กั	n	i	,	'n	l
	Level IV - Inpatient - SA	1	n	ī	1	11	19	ñ	ň	5	الم	'n	ű	ä	20	42		1
	Mobile Crisis	7	7	i	- 1	3		4	ä	23	15	,	5	12	14	18		1
	Non-Emerican Transportation	l 'n	41	ò	o	ď	3	ā	ő	23 2	12	u	n	14	2	10	4	I
	Oulpatient	976	854	815	1,113	1,271	821	3,349	4,251		2.0	Ü		,		2 2 2] .
	Partial Hospitalization		934	815			041			8,415	8,415	0	2,601	3,721	4,638	3,012	1,522	
	PMIC	4	μ	,	В	8	4	20	18	24	26	0	24	52	48	11	11	1
		0	ŭ	U	11	0	Ü	0	0	134	160	0	0	2	0	0	4	ı
	Residential	0	0	O	0	0	0	2	5	37	40	미	1	2	1	2	1	l
	Respite	3	2	O	0	0	0	0	0	0	0	0	0	0	1	2	0	1
	Subacute	0	0	1	1	2	4	4	14	61	54	0	3	9	13	11	4	l
	Targeted Case Management	889	994	0	0	12	15	0	0	19	14	0	0	0	604	558	139	I
	Total Non-B3	2,404	2,528	984	1,336	2,177	1,788	3,897	4,873	8,584	8,908	0	3,084	4,557	6,872	5,095	2,227	
and No	on-B3 Combined	3,980	4,177	988	1,342	2,309	1,847	3,703	4,897	8,707	9,081	0	3,071	4,591	8,077	6,022	2,499	
														.,,		-,	, /	
	Member Months	140,279	135,687	820,497 8	36,354	473,789	137,874	24,435	28,921	35,817	40,808	ol	34,463	58,806	151,700		3,024,434	•

Appendix B - Historical Experience - Average Charge

SFY 2004 Experience Non-Community Reinvestment Claims only

		Du	al I		FM	AP	ĭ		Foster	Care	т т	1	551					
		Ages 0		Ages 0		Ages 18	3 - 64	Ages D		Ages 1	0 - 22		Agos 00		Ages 1	B - 84	1	Grand Tot
B3/Other	Service Calegory	F	М	F	М	F	М	F	М	F	М	NA	F	M	F		Grand Total	Excl NA
		50.00	0.00	0,00	0.00	0.00	0.00	0,00	0.00	0.00	0.00	0.00	0,00	0,00	50,00	0.00	50.00	50,00
B3	23 Hour Observation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	ACT/PACT	1,081.03	1,066.68	0.00	0.00	1,108,00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,048.85	1,083.11	1,062.40	1,062.40
	Clozapine Labs	0,00	0.00	0.00	0.00	00,0	0,00	0.00	0.00	0,00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0,00
1	Community Support Services	129.44	125,86	0.00	110.00	135.73	126.43	0,00	50.00	110.00	110.00	0.00	0.00	0.00	130,52	128.28	128.66	128,66
İ	Day Treatment	0.00	0,00	0,00	0.00	0.00	0.00	0,00	0.00	0,00	70.00	0.00	0.00	0.00	0.00	0.00	70.00	70.00
	Emergency Transportation	0.00	0.00	0.00	0.00	0.00	0,00	0.00	0.00	0,00	0.00	0,00	0.00	0.00	0.00	0,00	0.00	0.00
	Home Based Care	45.39	42,58	58,25	86.00	92.33	60.28	0,00	0.00	100.00	50.00	0.00	75,00	82,50	49,53	37.38	46.85	46,65
	Home Psych Nursing	57.28	58.45	35.98	54.77	58.11	58,75	0.00	0.00	55.00	54.88	0.00	50.00	58,45	57.21	58.88	58,92	58.92
	Inpatient - MH	55,00	55.00	0,00	0.00	145.50	57.45	0.00	00,0	0.00	0.00	0.00	0.00	0.00	112,86	570.50	145.08	145.08
l	Intensive Outpatient	00,00	0,00	0.00	0.00	0.00	0.00	0,00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	0.00	50.00	50.00
	Intensive Psych Rehab	95.53	83.12	0.00	0.00	83.73	76.37	0.00	0.00	73.17	76.62	0.00	0.00	0.00	77.41	80.48	84,82	64.82
	Level I - Outpatient - SA	460.00	455.17	0.00	0.00	298.64	75,00	0.00	0.00	0.00	0.00	0,00	0.00	110.00	423.60	455.00	424.70	424.70
	Level II - Intensive Out Patient - SA	280.00	217.50	1,543.25	1,785.00	784.29	840,00	0.00	0.00	0.00	0,00	0.00	0.00	0.00	0.00	840.00	845.93	845,93
1	Level III.1 - Halfway House - SA	625,92	353.03	1,503.50	0.00	371,91	336,08	0.00	0.00	926.00	1,503.50	0.00	0.00	0.00	394.29	266,88	374.76	374.76
	Level III.5/III.3 - Primary Extended - SA	1,078.80	640.26	1,507.15	1,257.32	1,222.81	910.83	3,120.00	2,080,00	1,879,82	1,238.37	0.00	0.00	1,803.33	916,47	674.49	1,129.12	1,129.12
	Level III.7 - Med Monitored Residential - SA	387.00	272,88	0.00	150.00	539.74	395,81	0.00	0.00	0.00	0.00	0.00	0,00	0.00	273,44	331.62	378.44	37B.44
1	Level IV - Inpatient - SA	0.00	0.00	0.00	0.00	340.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	340.00	340,00
1	Mobile Crisis	81.74	78.00	105.36	100.78	110,42	109.62	0.00	0.00	113,64	103,57	0.00	90.63	97.92	86.26	92.38	94.30	94,30
1	Non-Emergency Transportation	0.00	0.00	0,00	0.00	0.00	0.00	0,00	0.00	0.00	0.00	0.00	0,00	0.00	0.00	0.00	0.00	0.00
1	Outpatient	39.99	34,58	62.76	43.88	78,01	95.65	0.00	31.25	57.76	31.41	0.00	75.00	46.67	44.36	61.14	41.41	41.41
ł	Partial Hospitalization	0.00	0.00	0,00	0.00	0.00	0.00	0.00	0.00	0,00	0.00	0.00	0.00	0.00	0,00	0,00	0.00	0.00
ł	PMIC	0,00	0.80	543,37	0.00	0.00	35,00	0.00	0.00	1,744.43	2,680.00	0.00	0,00	0.00	344.00	0.00	917.42	917.42
	Residential	0.00	0.00	1,513.85	2,084.78	631,08	0.00	2,986,67	1,435.00	1,574.90	1,735.30	0.00	2,320,00	1,938,31	561.75	101.04	1,647.71	1,647.71
1	Resplie	0.00	0,00	0.00	0.00	0,00	0.00	0,00	0.00	0.00	0,00	0.00	0.00	0.00	0.00	0.00	0.00	0,00
1	Subacute	750.00	1,000.00	2,120.39	1,711.54	1,373,77	1,588,00	4,128.00	3,920.70	2,579.28	2,212.57	0.00	1,680,00	2,920.68	1,567,65	2,412.18	2,328.69	2,328.69
	Targeted Case Management	110.00	82.50	0.00	0.00	0,00	0.00	0.00	0.00	0.00_	0.00	0.00	0.00	0.00	205,00	0.00	150.63	150.63
	Total B3	118.93	128,42	973,56	768.55	802.12	423.61	3,473.33	2,145.93	1,834.10	1,089,53	0.00	482.24	495.19	127.99	172.07	198.10	198.10
l		25.02	25.27	25.02	25,05	25.01	25,03	25,00	25.00	25.03	25.05	0.00	25.08	25.00	25.00	24.99	25,03	25,03
Non-B3	23 Hour Observation	250.00	0.00	295,96	304,63	279,22	276.88	281.00	570.00	263.43	318.98	0.00	202,50	254.82	272.42	308,66	288,30	288,30
	ACT/PACT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Clozapine Labs	0,00	0,00	0.00	0.00	0.00	0.00	0.00	0.00	0,00	0.00	0.00	0.00	0.00	0,00	0.00	0,00	0,00
i	Community Support Services	154.30	160.33	0,00	43,00	117.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0,00	176.43	112.07	140.27	140.27
1	Day Treatment	82.47	58.22	595.78	564,12	213.29	133.44	1,545,00	1,448.02	1,128.02	600,08	0.00	241.52	383,81	161.89	131.82	315.16	315,18
1	Emergency Transportation	497.75	567.98	682.98	621.25	897.54	679.73	543,84	837.15	548,49	499.39	0.00	589.82	678.05	661.34	591.65	625.64	625.64
	Home Based Care	34.15	55,00	50,55	0.00	25.00	0.00	0.00	0.00	0.00	0.00	0.00	0,00	25.00	25.00	25.00	41.29	41.29
1	Home Psych Nursing	58.25	58.13	24.69	59.29	57.61	63.46	55,00	0,00	00.88	56,82	0.00	59.00	50.01	59.99	57.60	58.33	58,33
1	Inpatient - MH	884.27 194.10	244.40 150.14	302.69 165.61	289.31 208.88	201,63 174,44	300,28	394.31	426.31 323.04	403.45	401.21	0.00	391.05	351.97	381.41	350,10	346.93	346.93
1	Intensive Outpallent Intensive Psych Rehab	75.58	55.00	0.00	0.00	0.00	190.53	550.11 0.00		202,09	275.41	0,00	164,08	240,20	186.05	165.99	205.66	205.66
	Level I - Outpatient - SA	47.91	47.44	47.70	45.20	47.85	0,00 49,14	57.27	0.00 74.75	68.14 48.70	42.08 44.55	0.00	0.00	0.00	48.70	78.50	63,65	63.55
	Level II - Intensive Out Patient - SA	388.08	228.04	302.22	321.04	289.74	201.74	0.00	207.50	285.51	395,85	0.00	41.23 395.00	48.87 321,58	49.14	47.92	47.68	47,88
1	Level III.1 - Halfway House - SA	0.00	0.00	0.00	0.00	300.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	211,13 0,20	221.57 0.00	272.32 150.10	272,32 150,10
i	Level III.5/III.3 - Primary Extended - SA	412.75	250.20	1,414,81	781.86	581.03	543.53	453.84	307,40	1,609.25	2,577.70	0.00	0.00	123,16	507.65	311.83	1,192,10	1,192,10
1	Level III.7 - Med Monitored Residential - SA	0.00	0.00	487.50	858.87	412.54	505.00	0.00	0.00	0,00	810.00	0.00	0.00	0.00				
1	Level IV - Inpatient - SA	84.29	0.00	383.71	268.33	339.00	439,97		0.00						830.00	425.56	494.17	494.17
1	Mobile Crisis	137.65	145.72	134.18	133.05	122,02	130,11	0.00	150,00	245,1B	657.19	0.00	0.00	90.00	338.87	441.20	379.66	379.66
1	Non-Emergency Transportation	22.91	23.05	134.16	27.34	30.99	18.98	150.00 0.00	0.00	141.07	142.79	00,0	111.54	135.17	125.00	138,51	133.77	133.77
1	Non-Emergency transportation Outpatient	47.82								21.28	18.85	0.00	21.90	25.38	23,62	66.03	28,99	26.99
1	Partial Hospitalization	258.24	44.33 742.00	50.94 478.08	50.17 508.54	63.79 284.95	54.15 258.62	49.28 583.14	49.31 553.20	48,05 639,21	47.12	0.00 0.00	47.88	47.07	52.29	49.42	50.38	50,38
1	PMIC	0.00	0.00	2,035,48	2.070.97	264.95 158.67	0.00	0.00	0.00		537.59		357.68	489.74	270,12	374.69	408.11	408.11
1	Residential	0.00	0.00	2,935,48 414,99	168.98					2,123.98	1,788.43	0.00	0.00	2,892.44	332.78	0.00	1,941.47	1,841.47
1	Respite	230.86	204,17	414.99 0.00	0.00	0.0D 85.00	0.00 0.00	501.05 0.00	241.78 0.00	284,81	353,95	0.00	66,28	449.23	35.00	127.63	298.69	298,69
	Subacule	1,090,13	693.00							0.00	825.00	0.00	0.00	0.00	373.02	251.44	250.61	250.61
	Tameled Case Management	223.37	224.63	1,148.04 0.00	1,411.51	1,037,19 234,80	1,227.87 231.87	1,234.25 0.00	1,976.17 0.00	1,233,18 221,28	1,075.67 223.01	0.00 0.00	1,104.12	1,180.22	1,437.63	1,310.01 228.98	1,257.66	1,257.68
ŀ	Total Non-83	121.58	119.38	70.66	68.21	75.10						0.00	0.00	0.00	228.87		225.68	225.68
eld hos EB	n-B3 Combined	120.53	122.16	73.94	71,44	105.15	92.53 103.44	71.95 77.37	94,38	133,76 154,89	125.72 144.07	0.00	77.97 78.84	87,49	110.79	120.46	94.12	94,12
ING GIIU IYL	ares comental	120.00	166.10	1 3.84	7 1,441	103, 13	103,44	11.31	104.47	124.08	144.07	v.uu	70.04	90.48	113.35	128.40	105.19	105.19

Appendix B - Historical Experience - PMPM
SFY 2004 Experience
Non-Community Reinvestment Claims only

Ages 00 - 94 Ages 00 - 17 Ages 18 - 94 Ages 00 - 17 Ages			Dual FMAP Foster C				ī	SSI		ī									
Section Control Cont					Ages 00	- 17	Ages 18	- 64	Ages 00	- 09	Ages 10	- 22	Ī	Ages 00 - 17					Grand Tot
3 2 How Cheerwision	B3/Other	Service Category	'											F	М			Grand Total	Excl NA
APTPACT Cosupring Labors Cosupring Labor																0.00	0.00	0.00	0.00
Community Support Services 6.63	B3																		0:00
Community Support Services																			0,63
Dy Trashment 0.00																			0.00
Emirgeney Transportation																			0.90
Heme Based Care Heme Pay-Nursing 1.12 1.09 0.00 0.00 0.00 0.00 0.00 0.00 0.00																			0.00
Harm Paysh Nursing 1.12 1.09 0.00 0.00 0.00 0.00 0.00 0.00 0.00																			0.00
Impaired - MH																			0.02
Wienslew Outpatient																			0.17
Intensive Psych Rehab Level II - Unique 1- SA Level II - Unique 1- SA Level II - Unique 1- SA Level II - Unique 1- SA Level II - Unique 1- SA Level II - Unique 1- SA Level II - Unique 1- SA Level II - Unique 1- SA Level II - Unique 1- SA Level II - Unique 1- SA Level II - Unique 1- SA Level II - Unique 1- SA Level II - Unique 1- SA Level II - Unique 1- SA Level II - Unique 1- SA Level III - Un																			0.00
Levell I-Cignatient - SA																			0,00
Level III - Hindershev Cult Pallert - SA																			0.50
Lavel III.1 - Halfway House - SA																			0.02
Level III.5.7. And Morellated Resideratial - SA 0.58 0.60 0.18 0.28 4.28 1.37 0.13 0.23 2.31 1.52 0.00 0.00 0.03 7.70 1.29 1.12 1																			0,00
Level IV Mod Monifered Residential - SA 0.02 0.00																			0.39
Level IV - Impallent - SA																			1.12
Mobile Crisis Nos-Emergency Transportation O.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0																			0.02
Non-Emergency Transportation 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.																			0,00
Outgellerin 0.88 0.80 0.00 0.01 0.02 0.02 0.00 0.01 0.03 0.00 0.																			0,01
Paridal Hospitalization																			0.00
PMIC 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.																			0.13
Residentifal Resid																-,			0.00
Respite																			0.00
Subscule Subscu																			0,18
Targeled Case Management 0.00 0																			0.00
Total B3																			0.33 0.00
On-B3 23 Hour Observation On-B3 24 Hour Observation On-B3 24 Hour Observation On-B3 25 Hour Observation On-B3 26 Hour Observation On-B3 26 Hour Observation On-B3 27 Hour Observation On-B3 On-B3 28 Hour Observation On-B3 On																			4.43
ACT Closepte labe 0.00		<u> </u>																	0.22
ACT/FACT Clozaptine Labs Clorawoully Support Services 0.01 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Non-B3	23 Hour Observation																	0.03
Clozapine Labs Community Support Services D.01 D.01 D.00 D.00 D.00 D.00 D.00 D.00																			0.00
Community Support Services 0.01 0.01 0.00		Clozapine Labs	0.00		0.00														0.00
Day Trealment		Community Support Services	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00									0.00
Emergency Transportation 0.02 0.01 0.01 0.02 0.08 0.07 0.07 0.40 0.47 0.60 0.00 0.00 0.00 0.00 0.00 0.00 0.0		Day Treatment	0.32	0.09	0.12	0.32	0.04	0.08	0,08	2.04	1.23	1.97	0.00	0.57					0.30
Home Based Care 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.		Emergency Transportation	0.02	0.01	0.01	0,02	0.08	0.07	0.07	0.40	0,47		0.00						0.08
Ingallent - MH		Home Based Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
Intensive Outpatient		Home Psych Nursing	0,80	0.73	0.00	0,00	0,01	0.01	0.00	0.00	0.00	0.08	0.00	0.01	0.05	0.72	0.39	0.12	0.12
Intensive Outpatient 0.16 0.03 0.17 0.28 0.10 0.06 0.41 1.27 0.78 1.35 0.00 0.01 0.00		Inpatient - MH	1,19		1.12		2.86	4.56	6.07	13.46	28.75	23.66	0.00	7.09	9.91	24.03	20.78	4.39	4.39
Intensive Psych Rehab		Intensive Outpatient	0.18	0,03	0.17	0,26	0.10	80.0	0.41	1,27	0.76	1.35	0.00	0.31					0.25
Level I - Jourpaleint - SA 0.59 0.98 0.18 0.25 2.12 2.18 0.03 0.01 2.70 4.07 0.00 0.14 0.20 0.89 1.48 0.81		Intensive Psych Rehab	00.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00		0.00
Level III.1 - Halfway House - SA 0.00		Level I - Outpalient - SA		0.96	0.18	0.25	2.12	2.1B	0.03	0,01	2.70	4.07	0,00	0.14	0,20	0.89			0.81
Level III.5-Primary Extended - SA 0.01 0.01 0.03 0.01 0.05 0.06 0.02 0.02 1.71 2.59 0.00 0.00 0.01 0.04 0.03 0.08 0.08 0.01 0.00										0.02	1.10	1.67	00.0	0.02	0,27	0.57	0.76	0.48	0.48
Level III.7 - Mad Monitored Residential - SA 0.00 0.00 0.00 0.00 0.00 0.01 0.01 0.00 0.		Level III.1 - Halfway House - SA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Level IV - Inpatient - SA 0.00 0.00 0.02 0.01 0.31 0.71 0.00 0.00 0.10 0.19 0.00 0.00 0.02 0.55 1.56 0.18 Mobile Crisis 0.08 0.08 0.08 0.01 0.02 0.03 0.04 0.05 0.11 0.28 0.18 0.00																			0.08
Mobile Crisis 0.08 0.08 0.01 0.02 0.03 0.04 0.05 0.11 0.28 0.18 0.00 0.04 0.14 0.15 0.18 0.05																	0,08	10,0	0.01
Non-Emergency Transportation 0.00												0.18	0.00	0.00	0.02	0.55	1.56	0.18	0,18
Outpatient 3.89 3.53 3.46 4.65 5.70 3.70 13.75 17.47 25.89 25.19 0.00 10.38 14.59 20.21 12.40 6.39 Parlial Hospitalization 0.08 0.01 0.26 0.34 0.23 0.09 0.85 0.84 1.30 1.16 0.00 0.03 1.09 0.33 0.37 PMIC 0.00													0,00	0.04	0.14	0.15	0.18	0.05	0.05
Partial Hospitalization 0.08 0.01 0.28 0.34 0.23 0.08 0.08 0.84 1.30 1.16 0.00 0.73 2.03 1.09 0.33 0.37													0,00	0.00	0.00	0.00	0.01	0.00	0.00
PMIC 0.00 0.00 0.06 0.09 0.00 0.00 0.00 0.00												25.19		10.38		20.21	12.40	6.39	6.39
Residential 0.00 0.00 0.01 0.00 0.00 0.00 0.00 0.0																1.09	0,33	0.37	0.37
Resplte 0.06 0.03 0.00 0.00 0.00 0.00 0.00 0.00																			0.65
Subacute 0.02 0.01 0.10 0.15 0.17 0.40 0.40 2.28 6.23 4.62 0.00 0.28 0.68 1.52 1.25 0.42 Targeted Case Management 16.50 18.61 0.00 0.00 0.23 0.29 0.00 0.00 0.35 0.28 0.00 0.00 0.00 0.00 11.52 10.55 2.81 Total Non-B3 24.38 25.13 5.60 7.59 13.63 13.77 22.17 38.33 85.00 93.32 0.00 19.91 33.23 63.44 51.15 17.47 3 and Non-B3 Combined 39.97 42.52 6.09 7.99 20.23 15.82 23.87 42.63 112.38 109.02 0.00 20.17 34.62 76.30 64.43 21.90																			0.03
Tameled Case Management 16.50 18.81 0.00 0.00 0.23 0.29 0.00													0.00	0.00		0.02	0.05	0.01	0.01
Total Non-B3 24.38 25.13 5.60 7.59 13.63 13.77 22.17 38.33 95.00 93.32 0.00 19.91 33.23 63.44 51.15 17.47 3 and Non-B3 Combined 39.97 42.52 6.09 7.99 20.23 15.92 23.87 42.63 112.38 109.02 0.00 20.17 34.62 76.30 64.43 21.90																		0.42	0.42
3 and Non-B3 Combined 39.97 42.52 6.09 7.99 20.23 15.92 23.87 42.63 112.38 109.02 0.00 20.17 34.62 76.30 64.43 21.90																			2.61
																			17.47
Member Months 140,278 135,667 820,497 636,354 473,789 137,874 24,435 28,821 35,817 40,808 0 34,463 58,806 151,700 107,024 3,024,434	off bas Eu	n-B3 Combined] 39.97	42.52	8.09	7,99	20,23	15.92	23,87	42,63	112.38	109.02	0.00	20.17	34.62	76.30	64,43	21.90	21.90
Member Months 1 140,279 135,667 820,497 636,354 473,769 137,674 24,435 26,921 35,817 40,608 0 34,463 59,606 151,700 107,024 3,024,434			·																
		Member Months	140,279	135,667	820,497	838,354	473,789	137,874	24,435	26,921	35,817	40,808	0	34,463	58,808	151,700	107,024	3,024,434	

Towa	Plan -	 Medica 	id MH/SA	Capitation	Rate Setting

State Fiscal Year 2006

Appendix C Adjustments to Experience and Range of Rates

Appendix C - Adjustments to Experience and Range of Rates

		Initial Base	Trend 3.3%														
	Member	<u>PMPM</u>	annual for 24.0		Camm. Reinv.	Program		Admini-	Financial	M	anaged Car	<u> </u>	<u>Pr</u>	olected Rate	5	0	% Increase
	Months	B3	months	IBNR	Fund	Changes	Copay.	strative	Experience	Low	Midpoint	High	Low	Midpoint	High	Current Rates	from Current to Midpoint
Dual 00 - 64 F	140,279	15.62	106.80%	100.01%	106.56%	100,00%	100.00%	116,01%	100,00%	93.88%	100,00%	106,12%	19.36	20.62	21.88	14.91	38.3%
Dual 00 - 64 M	135,667	17.39	106.80%	100.01%	106.27%	100.00%	100.00%	116.01%	100.00%	93.88%	100.00%	106.12%	21.49	22.89	24.30	16.82	36.1%
FMAP 00 - 17 F	820,497	0.29	106.80%	100.01%	153.68%	100.00%	100.00%	116.01%	100.00%	93.88%	100.00%	106,12%	0,52	0.55	0.59	3.99	-86,1%
FMAP 00 - 17 M	836,354	0.40	106,80%	100.01%	151.62%	100,00%	100,00%	116.01%	100.00%	93.88%	100.00%	106.12%	0.70	0.75	0.79	6.07	-87.7%
FMAP 18 - 64 F	473,789	6,61	106,80%	100,01%	107.85%	100.00%	100.00%	116.01%	100.00%	93,88%	100.00%	106.12%	B,29	8.83	9,37	10.29	-14.2%
FMAP 18 - 64 M	137,874	2.15	105.80%	100.01%	119.01%	100.00%	100.00%	116.01%	100,00%	93.88%	100.00%	106.12%	2.97	3.17	3.36	15.96	-80.2%
Foster 00 - 09 F Foster 00 - 09 M	24,435	1.71	105.80%	100.01%	135.89%	100.00%	100.00%	116.01%	100.00%	93.88%	100.00%	106.12%	2.70	2.87	3.05	16.17	-82.2%
Foster 10 - 22 F	26,921 35,817	4.30 16.70	106.80% 105.80%	100.01% 100.01%	125.39% 117.26%	100.00% 100.00%	100.00% 100.00%	115.01% 115.01%	100,00% 100,00%	93,88%	100.00%	105.12%	6.28	6.69	7.10	25.18	-73.4%
Foster 10 - 22 M	40.808	15.70	105.80%	100.01%	117.2076	100.00%	100.00%	116.01%	100,00%	93.88% 93.88%	100.00% 100.00%	106.12%	22.78	24.26	25.75	67.56	-64.1%
SSI 00 - 17 F	34,463	0.27	105,80%	100.01%	294.57%	100.00%	100,00%	116.01%	100.00%	93.68%	100.00%	106.12% 10 5 .12%	21,51 0,91	22.92 0.97	24.32	49.01 35.36	-53.2%
SSI 00 - 17 M	58,806	1.39	105.80%	100.01%	163,88%	100.00%	100.00%	116.01%	100.00%	93.88%	100.00%	106.12%	2.65	2.82	1.03 2.99	42.3	-97.3% -93.3%
5SI 18 - 64 F	151,700	12.86	105.80%	100.01%	115,21%	100.00%	100.00%	116.01%	100.00%	93.88%	100.00%	106.12%	17.23	18.36	19.48	27.07	-32.2%
SSI 1B - 64 M	107,024	13.28	105.80%	100.01%	112.44%	100.00%	100,00%	116.01%	100,00%	93,68%	100,00%	105.12%	17.37	18,50	19.64	31.7	-41.6%
Combined	3,024,434	4.43									,		5.81	6.19	6.57	12.07	-48.7%
		Non-B3															
Dual 00 - 64 F	140,279	24,36	106.80%	100.01%	100.00%	100.00%	100.00%	118.01%	100,00%	93.88%	100.00%	106.12%	20.24	20.40	20.02	ea 110	0.007
Dual 00 - 64 M	135,667	25.13	106.80%	100.01%	100.00%	100.00%	100.00%	118.01%	100.00%	93.88%	100.00%	106.12%	28.34 29.24	30.18 31.14	32.03 33.05	27.83	8.5%
FMAP 00 - 17 F	820,497	5.80	106,80%	100.01%	100.00%	100.00%	100.00%	116.01%	100.00%	93.88%	100,00%	106.12%	8.74 6.74	7.18		31.40	-0.8%
FMAP 00 - 17 M	B36,354	7.59	105.80%	100.01%	100.00%	100.00%	100.00%	116.01%	100.00%	93.88%	100.00%	106.12%	8.83	9,41	7.62 9.98	4.44 6.77	61.7% 39.0%
FMAP 18 - 64 F	473,789	13.63	106.80%	100.01%	100.00%	100.00%	100.00%	116.01%	100.00%	93,68%	100.00%	106.12%	15.85	16.88	17.92	11.47	47.2%
FMAP 18 - 64 M	137,874	13.77	106.80%	100.01%	100.00%	100.00%	100,00%	116.01%	100.00%	93,88%	100.00%	106.12%	16,02	17,07	18.11	17.79	-4.1%
Foster 00 - 09 F	24,435	22.17	106,80%	100.01%	100,00%	100,00%	100.00%	115.01%	100.00%	93.88%	100.00%	106.12%	25.79	27.47	29.15	18.03	52.3%
Foster 00 - 09 M	26,921	38.33	106.60%	100.01%	100.00%	100.00%	100,00%	116.01%	100,00%	93,88%	100,00%	108.12%	44.5B	47.49	50.40	28,05	69.3%
Foster 10 - 22 F	35,817	95,68	106,80%	100.01%	100,00%	100.00%	100.00%	116.01%	100.00%	93.88%	100.00%	106.12%	111,30	118,56	125.82	75.29	57.5%
Foster 10 - 22 M	40,808	93,32	106,80%	100.01%	100.00%	100.00%	100.00%	116.01%	100.00%	93.88%	100.00%	106.12%	108.56	115.63	122.71	54.61	111.7%
SSI 00 - 17 F SSI 00 - 17 M	34,463	19.91	106,80%	100.01%	100.00%	100,00%	100.00%	116.01%	100.00%	93,88%	100.00%	106,12%	23.16	24.67	25.18	65.9B	-62,6%
SSI 18 - 64 F	58,806	33,23	106.80%	100.01%	100.00%	#00.00%	100.00%	116.01%	100.00%	93.88%	100.00%	106.12%	38,65	41.17	43.69	78.92	-47.8%
SSI 18 - 64 M	151,700 107,024	63,44 51,15	106,80% 106,80%	100.01% 100.01%	100,00% 100,00%	100.00% 100.00%	100.00% 100.00%	116,01% 116,01%	100.00% 100.00%	93.88% 93.88%	100.00%	108.12%	73.80	78,61	83.42	50.52	55.6%
Combined	3.024,434	17.47	100.0074	100.0170	100,0076	100.00 70	100.007	110.0176	100.00%	83.0076	100.00%	106.12%	59.50 20.32	63.38 21.65	67,26 22,97	59.15 17.32	7.2% 25.0%
	0,021,701	*****											20.32	21.00	22,31	17.32	23,076
		Total															
Dual 00 - 84 F	140,279	39.97	106.80%	100.01%	102.56%	100.00%	100.00%	116,01%	100.002	03 8884	400.0097	100 100	47.00	EN 00	E2 04	40.74	40.00/
Dual 00 - 64 M	135,667	42.52	106.80%	100.01%	102.56%	100.00%	100.00%	116.01%	100.00% 100.00%	93.88% 93.88%	100.00% 100.00%	105.12% 105.12%	47.69 50.73	50,80 54,04	53,91 57,34	42,74	18.9%
FMAP 00 - 17 F	820,497	6.09	106.80%	100.01%	102.56%	100.00%	100.00%	118.01%	100.00%	93.88%	100.00%	106.12%	7.28	54.04 7.74	57.34 B.21	48,22 8,43	12.1% -8.2%
FMAP 00 - 17 M	836,354	7.99	106,80%	100.01%	102,56%	100.00%	100.00%	116.01%	100.00%	93,88%	100.00%	106.12%	9.53	10.15	10.78	12.84	-20.9%
FMAP 18 - 64 F	473,789	20,23	106,80%	100.01%	102,56%	100,00%	100,00%	116,01%	100.00%	93.88%	100.00%	105.12%	24,14	25.71	27.29	21.76	18.2%
FMAP 18 - 64 M	137,874	15,92	106.80%	100.01%	102.56%	100.00%	100,00%	116.01%	100,00%	93.88%	100.00%	105,12%	19.00	20.23	21.47	33.75	-40.0%
Foster 00 - 09 F	24,435	23.87	108.80%	100.01%	102,56%	100.00%	100.00%	116,01%	100.00%	93.88%	100.00%	105.12%	28.48	30.34	32.20	34.2	-11.3%
Foster 00 - 09 M	26,921	42.63	106.80%	100.01%	102.56%	100.00%	100.00%	116.01%	100.00%	93.88%	100.00%	106,12%	50.88	54,18	57.50	53.23	1.8%
Foster 10 - 22 F	35,817	112.38	105.80%	100.01%	102,56%	100.00%	100.00%	115,01%	100,00%	93.88%	100.00%	105.12%	134.08	142,83	151.57	142.85	0.0%
Foster 10 - 22 M	40,808	109.02	105.80%	100.01%	102.56%	100.00%	100.00%	116.01%	#00,00 1	93.88%	100.00%	106.12%	130.07	138.55	147.03	103.62	33.7%
SSI 00 - 17 F	34,463	20.17	106.80%	100.01%	102.56%	100.00%	100.00%	116.01%	100.00%	93.88%	100.00%	106.12%	24.07	25.64	27.21	101,34	-74.7%
SSI 00 - 17 M	58,806	34.62	105.80%	100.01%	102.56%	100.00%	100.00%	116.01%	100.00%	93.68%	100.00%	106.12%	41.30	43.99	46.69	121.22	-63.7%
SSI 18 - 64 F	151,700	76.30	106.80%	100.01%	102.56%	100.00%	100.00%	116.01%	100.00%	93.88%	100.00%	106.12%	91.03	96.97	102.91	77,59	25.0%
SSI 18 - 64 M Combined	107,024	<u>64.43</u> 21.90	106.80%	100.01%	102,56%	100.00%	100.00%	116.01%	100,00%	93.88%	100.00%	106.12%	76.87	81.68	86,90	90.85	-9.9%
COMMUNICO	3,024,434	21.90											26.13	27.83	29.54	29.39	-5.3%

Appendix D **Summary of Rate Ranges**

Appendix D - Summary of Rate Ranges

	lowa Plan for Behavioral Health SFY 2006 Capitation Rates - Total												
	Lower	Bound	Midp	point	Upper	Bound							
Category/Age Range	Female	Male	Female	Male	Female	Male							
FMAP 0 - 17	\$7.26	\$9.53	\$7.74	\$10.15	\$8.21	\$10.78							
FMAP 18 - 64	24.14	19.00	25.71	20.23	27 <i>.</i> 29	21.47							
SSI 0 - 17	24.07	41.30	25.64	43.99	27.21	46.69							
SSI 18 - 64	91.03	76.87	96.97	81.88	102.91	86.90							
Dual Eligibles 0 - 64	47.69	50.73	50.80	54.04	53.91	57.34							
Foster Care 0 - 9	28.48	50.86	30.34	54.18	32.20	57.50							
Foster Care 10 - 22	134.08	130.07	142.83	138.55	151.57	147.03							

	Iowa Plan for Behavioral Health SFY 2006 Capitation Rates - State Plan												
	Lower	Bound	Midp	oint	Upper Bound								
Category/Age Range	Female	Maie	Female	Male	Female	Male							
FMAP 0 - 17	\$6.74	\$8.83	\$7.18	\$9.41	\$7.62	\$9.98							
FMAP 18 - 64	15.85	16.02	16.88	17.07	17.92	18.11							
SSI 0 - 17	23.16	38.65	24.67	41.17	26.18	43.69							
SSI 18 - 64	73.80	59.50	78.61	63.38	83.42	67.26							
Dual Eligibles 0 - 64	28.34	29.24	30.18	31.14	32.03	33.05							
Foster Care 0 - 9	25.79	44.58	27.47	47.49	29.15	50.40							
Foster Care 10 - 22	111.30	108.56	118.56	115.63	125.82	122.71							

		Iowa Plan for Behavioral Health SFY 2006 Capitation Rates - B(3) Services												
	Lower	Bound	Midp	oint	Upper Bound									
Category/Age Range	Female	Male	Female	Male	Female	Male								
FMAP 0 - 17	\$0.52	\$0.70	\$0.55	\$0.75	\$0.59	\$0.79								
FMAP 18 - 64	8.29	2.97	8.83	3.17	9.37	3.36								
SSI 0 - 17	0.91	2.65	0.97	2.82	1.03	2.99								
SSI 18 - 64	17.23	17.37	18.36	18.50	19.48	19.64								
Dual Eligibles 0 - 64	19.36	21.49	20.62	22.89	21.88	24.30								
Foster Care 0 - 9	2.70	6.28	2.87	6.69	3.05	7.10								
Foster Care 10 - 22	22.78	21.51	24.26	22.92	25.75	24.32								

Milliman, Inc.